

**Placer County
Health and Human Services
Systems of Care**

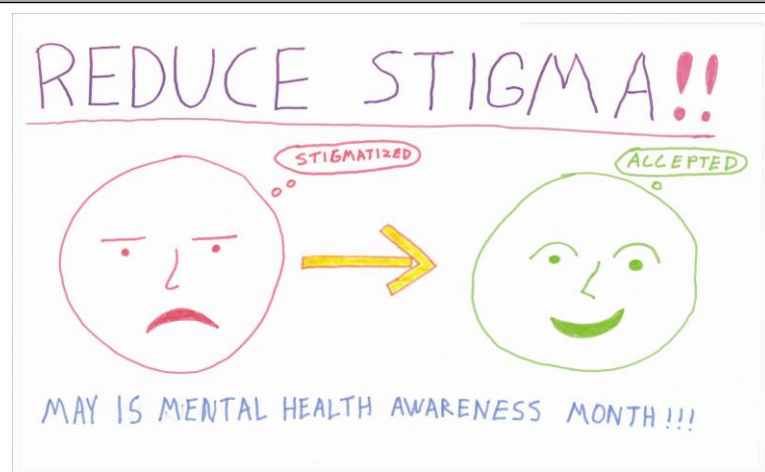


Helping People and Changing Lives



PLACER
COUNTY

**MENTAL HEALTH, ALCOHOL AND DRUG ADVISORY BOARD
ANNUAL REPORT – FISCAL YEAR 2013-2014**



***PLACER COUNTY MENTAL HEALTH, ALCOHOL AND DRUG BOARD
REPRESENTATION***

DISTRICT 1

Supervisor: JACK DURAN

Cheryl Cleveland

DISTRICT 2

Supervisor: ROBERT WEYGANDT

Sharon Behrens (*Secretary/Treasurer*)
William "Will" Dickinson

DISTRICT 3

Supervisor: JIM HOLMES

Debra Nyland Jarvis

DISTRICT 4

Supervisor: KIRK UHLER

Janet O'Meara (*Chair*)

DISTRICT 5

Supervisor: JENNIFER MONTGOMERY

Sharon Stanners
Theresa Thickens (*Vice Chair*)

TABLE OF CONTENTS

I.	Executive Committee Summary	1
II.	Alcohol and Drug Committee Report	5
III.	Quality Improvement Subcommittee Report	8
IV.	Children’s Committee Report.....	14
V.	Joint Children’s and Quality Improvement Committee Report .	16
VI.	Adult Services Committee Report	19
VII.	Board Trainings	23
VIII.	Mission Statement	24
IX.	Principles	24
X.	Responsibilities of the Placer County Mental Health, Alcohol and Drug Board	24

I. EXECUTIVE COMMITTEE SUMMARY

The Mental Health, Alcohol and Drug Board (MHADB) focused on the following goals for FY 2013-2014.

- A. We engaged in collaborative relationships/projects with other community partners.
- B. We completed a study on implementing an Assisted Outpatient Treatment program in Placer County (AB1421 – Laura's Law).
- C. We continued a study on the transition of Educationally Related Mental Health Services (ERMHS) from Children's System of Care (CSOC) and community service providers to school district providers.
- D. We continued to work on expanding the Board's visibility and accessibility by the public, including recruitment efforts to increase public engagement in Board membership.

A. Collaborative Relationships and Projects

Goal: The MHADB, for the last two years, has identified the need for the MHADB to seek out and work on collaborative relationships with other service providers. The desire is to enhance or create new innovative projects that will more fully serve the Placer community.

1. Project: Developing an Request for Proposal (RFP) for an Intensive Trauma Focused Services for Placer County pre-kindergarten children.

Findings: Following the 18 county Trauma Convening on February 8, 2013, it was determined there was need within the region for trauma-informed treatment with centralized services. It is recognized that children suffering from trauma are under recognized for treatment within the system. There is also little capacity for treatment by trained personnel or programs within the region.

Status: A supportive partnership with the Campaign for Community Wellness (CCW) and Placer First 5 was formed to obtain funding for this innovative and much needed program. First 5 dollars along with Mental Health Services and Full Partnership dollars were approved. An RFP was completed and a contract awarded to Children's Receiving Home of Sacramento for the 2014 to 2016 fiscal years. September 9, 2014, the BOS approved the contracts. October 1, 2014, the program will begin the process of assessing and enrolling Placer children.

2. Project: Following the suicides and near suicides of both youth and adults in the Lincoln community during 2012 to 2013, Board members representing the Quality Improvement (QI) and CSOC committees, and a concerned Lincoln Community civic leader, formed the Lincoln Community Resource Collaborative (LCRC). This effort was supported by staff, and consultation is *ongoing*. LCRC was created to disseminate resources related to mental health, stigma reduction and suicide prevention to the community. Although some information cards were printed and distributed within the greater Placer County area, it was decided by county staff and LCRC personnel that first a pilot project should begin within the City of Lincoln and rural Lincoln areas; as a pilot project would help determine the most effective method of resource distribution prior to commencing a larger distribution effort.

Findings: After interviewing representatives of Lincoln schools, first responders and general community, it was determined that distribution of materials on mental health issues was critical and currently lacking. There was a lack of awareness of resources available for those suffering with mental illness and those individuals who want to intervene on their behalf. Community persons acknowledged that they had little awareness of what to do and who to contact with mental health concerns. A decision was made to distribute CalMHSA *Stigma*

Reduction and Know the Signs materials and the *There Is Hope* Sacramento Bee insert along with local crisis information resources.

Status: During 2013, the wallet sized Green Crisis Resource card was completed by county staff in coordination with the QI committee. In 2014, the card was printed in both English and Spanish. With a grant through the *Mud Run 4 Life*, a Lincoln suicide prevention organization, the LCRC was able to print 10,000 crisis cards for distribution. Since then, almost all the 10,000 cards have been distributed to: fire departments, Lincoln Police Department, Sheriff's Department, chaplain agencies, churches, service clubs, 911 dispatchers, doctor offices, gyms, schools, CSOC and ASOC, MHADB members, Latino Council, Drug Take Back events, and others. The schools were targeted specifically. The LCRC members made presentations to all but two schools' personnel in the Western Placer Unified School District (where suicides had occurred in 2011). Cards are displayed in all school libraries and front offices, and they have been handed out to parents and students.

This has been identified by the Board and community members as a very successful project.

3. Project: Continued presence at the CCW meetings, Placer County's state-mandated steering committee process for engaging stakeholders in determining how Mental Health Services Act (MHSA) funds are to be used.

Findings: Our duties as board members include reviewing and evaluating the community's mental health needs as well as review and approve the procedures used to ensure citizen and professional involvement is included in that evaluative process. Participating in CCW allows us to see and vet the process by which decisions are made for a significant chunk of mental health dollars. This was an important year as it was the end of a three-year planning rotation for the next influx of MHSA monies for programs starting this fall 2014. Attending the meetings gives us a more thorough understanding of community services, both those contracted by the County and independent providers. Consistent attendance allows for conversations with stakeholders, encouraging openness in dialogue and aiding potential collaborations. Furthering our mandate to ensure a fair and productive process for determining needs and distributing funding, specific member(s) also participate in the RFP process to determine who will earn contracts with the County (the RFP process requires anonymity for those on the selection panel). Being on this panel allows the member(s) to satisfy the mandate to oversee that the planning process itself is fair and efficient. Also, Board member participation on a panel is a good use of the data and knowledge that one takes in over time.

Status: Goal was satisfied.

B. Assisted Outpatient Treatment Study

Goal: In FY 2012-2013, the Board followed the recommendation of the Adult Services Committee (ASC) opposing the implementation of AB 1421 (commonly referred to as Laura's Law) as: 1) limited data indicated a need for such services; 2) concerns remained regarding the efficacy of a process involving coercion as a motivating factor; and 3) it was determined that increased outreach efforts could bring more persons to treatment in a more respectful and effective manner. In the face of several tragic news stories in California and nationally, public interest in Assisted Outpatient Treatment (AOT) and among Board of Supervisor members continued to grow. As such, the ASC was asked to take a second look at potential benefits of AOT services in our county.

Findings: In a survey of the County's Outreach and Engagement (O/E) programs, commencing in 2012 and concluding in fall of 2013, the ASC found two outreach programs having a substantial impact on their intended populations: Homeless persons with serious and persistent mental

illness, and those with co-occurring disorders (mental illness plus substance abuse). In 2013-2014, the ASC heard from staff that a respectful, yet persistent, effort to meet potential clients “where they are” (both in regard to going to where persons might be physically, but also respecting their reluctance to accept help) was yielding positive results in getting hard-to-engage persons into services. This is important because AOT is supposed to be a last attempt to get a person into services, as it is far better to get a person into treatment early than to wait until a crisis. The ASC found that Placer County was respecting consumers with their outreach and working towards establishing a trust reputation in general.

The ASC was also encouraged to find that ASOC applied for and received a grant to establish a Mobile Crisis Team. These teams are in operation across the country and, while there are differences in operation, the collective result is that when Mental Health Professionals team with law enforcement professionals, there is often a de-escalation of crisis, and increased engagement in follow-up treatment.

In spring 2014, two of the ASC members joined with a contingent of Placer County Health and Human Services (HHS) staff and judges from the Placer courts and attended a thorough presentation by Nevada County Department of HHS for counties considering AOT implementation.

There was an open and detailed exchange of questions and answers and most concerns were satisfied. In the final analysis, the ASC determined that Placer ASOC, in partnership with Placer courts, had all the resources in place to implement an AOT program in: 1) a manner that would provide for the respectful treatment of persons who were deemed in need of this extensive approach; and, 2) a format that is cognizant of the due process rights of each person. The ASC presented these findings to the MHADB and that they found no further concerns in supporting AOT implementation in Placer County.

Status: Due to a lack of a quorum at the July 2014 retreat, the full Board was unable to make a motion regarding the implementation of AOT. The Executive Committee, at its following meeting, made a motion on behalf of the Board and voted 3-0 in support of AOT (further, the Board Of Supervisors voted 5-0 to implement AOT at its August 2014 meeting).

C. Educationally Related Mental Health Services

Goal: On June 30, 2011, AB 3632 was eliminated by Governor Brown and AB 114 was signed into law. This legislation transferred responsibility for delivery of special education services, including Educationally Related Mental Health Services (ERMHS), from county mental health agencies to school districts. The purpose of this goal was to assess the transition of ERMHS to school districts.

Findings: Statewide interest in the transition of ERMHS to local educational agencies is significant, as evidenced by substantial media coverage and several state agencies tasked with elements of system oversight. Since the transition of oversight:

- Reductions occurred in the number of children identified for services and ERMHS-related alternative services.
- Increases occurred in the number of non-ERMHS mental health prevention and early intervention programs.
- School districts utilize district personnel to implement their ERMHS programs and operate independently from Placer County CSOC and its network providers.
- The state Department of Health Care Services (DHCS) has established a workgroup to develop standardized mental health eligibility criteria, evaluation methods, and outcome measures for school-based mental health programs utilizing county and network providers; however, no standards exist for school districts operating independently of county partners.
- Inconsistencies exist in the application of the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA) throughout the

county (e.g., parental/guardian consent, treatment documentation, confidentiality protocols, and record maintenance).

- Shared data sets (“Big Data”) on ERMHS implementation and outcomes do not exist between school districts and county agencies such as juvenile justice, children services, etc.
- Communication and coordination between school district ERMHS programs and county mental health is limited.

Status: This new delivery model will naturally undergo an evolutionary process as it becomes fully operational; the need to train school staff, hire qualified personnel, and move toward evidenced-supported programs are among the many challenges. Due to the comprehensive nature of ERMHS, this goal will continue into the 2014- 2015 fiscal year and will specifically address the following questions:

- Why are eligibility numbers dropping for students with mental health needs and what services are provided for students found ineligible for ERMHS?
- Are professional standards maintained in the delivery of ERMHS (e.g., qualified clinicians, appropriate treatment documentation and confidentiality, outcome measurement and quality assurance)?
- Why is inter-agency collaboration limited, and how can collaboration be improved?

Answers to these questions will provide meaningful data in which to construct a more complete picture of Placer County ERMHS programs and the quality of services provided to children with mental health needs.

D. Board Visibility and Accessibility

Goal: Maintain appropriate Board visibility within the community.

Findings: Board participation in community events serves to improve Board visibility, increase public access to Board members, and enhance recruitment of members as mandated by Welfare & Institution Codes. The Board published a recruitment article in the Auburn Journal, which generated new applications for Board membership; the Board developed an informational flyer for distribution at public events; and the Board participated both in a personal and organizational capacity in numerous community meetings and public events, such as: CalMHSA’s Each Mind Matters rally, State of Mind Town meetings (Foresthill, Lincoln, and Colfax), and K12 Mental Health Policy Workgroup meetings, Prescription Drug Take-Back events, Native Community Big-Time Pow Wow, Campaign for Community Wellness Recovery Happens, Sierra Alive, Crisis Resolution Center service expansion meetings, and Lincoln Community Resource Collaborative Suicide Prevention school lectures.

Status: This goal was satisfied.

II. ALCOHOL AND DRUG COMMITTEE REPORT

In FY 2013-2014, the Alcohol and Other Drug Committee (AOD) continued its mission to learn about, provide feedback on, and observe Alcohol and Substance Use related services in Placer County. AOD is committed to promoting excellence in the service delivery system for substance using clients and also preventing the misuse of alcohol and drugs in Placer County. In furtherance of this mission, the committee continued to stay abreast of local services and programs for substance abusing clients and learned about changes occurring at a statewide and national level that impact local service delivery. FY 2013-2014 proved to be a dynamic time of change for substance use services nationally, statewide and locally primarily due to the Affordable Care Act, Drug Medi-Cal changes, and local Criminal Justice System planning efforts (such as AB 109).

County staff from multiple departments, consumers and private providers offered their perspective on current services, outcomes, and service gaps. Information was obtained both in presentations to the committee and visits to programs and consumers within the community.

Some of the presentations to the committee in FY 2013-2014 included:

- Prevention Activities, presented by Kara Sutter of Placer County Coalition for Placer Youth.
- In-Custody Programming, presented by Deb Martin, Director, Pacific Education Services (PES).
- Use of Perinatal Funds, presented by Rosemary Smit-Lewis, ASOC Outreach Practitioner.
- Changes in Drug Medi-Cal and Client Success Stories, presented by Amy Ellis, Program Manager.
- Criminal Justice Planning by Amy Ellis and Maureen Bauman, ASOC staff.
- AB 109 collaboration, by Brian Passenheim, Probation, and Chris Dunbaugh, ASOC Practitioner.
- Co-Occurring Full Service Partnership by Steven Swink, ASOC Supervisor.
- Senior Peer Counseling, presented by Melinda Lacey, ASOC Practitioner.

Some of the community outreach and visits made by the committee in FY 2013-2014 included:

- Visit to the new site for Co-Occurring Services in Placer County at Cirby Hill's "West Wing."
- Visit to Community Recovery Resources' (CoRR) new campus in Grass Valley for substance use services.
- Screening the film "Anonymous People" as part of a future collaboration to plan a public event.
- Visit to New Leaf, perinatal residential services site in Auburn.
- Two AOD members staffed the MHADB booth at Recovery Happens and provided outreach and resource materials to the community.

Through these presentations and outreach activities, the committee members expanded their knowledge of the treatment needs and available services for those with substance use issues. The members also advocated for appropriate criminal justice proceedings that include sanctions and incentives toward rehabilitation, recovery, and decreased recidivism. Specific activities related to the committee's FY 2013-2014 goals are outlined below:

A. FY 2013- 2014 Goal: Access To Perinatal Funds

Goal: Promote access to federal and state funding for Mothers with Children (0-17) who need residential and/or transitional housing with outpatient drug and alcohol treatment.

Findings: Committee members continued with the efforts started in FY 2012-2013 to stay focused on ways to encourage more perinatal women to access services. Visits were made to CoRR's new residential facilities in Grass Valley (serving men and women) and the New Leaf residential program in Auburn (perinatal, women only). These visits confirmed the prior year's conclusion that there was not a problem with a lack of services but rather with the utilization of them. The committee was therefore very encouraged by the County's decision to hire a Perinatal

Outreach practitioner to make this availability better known. Through visits to places such as hospitals, homeless shelters, and jails, the Perinatal Outreach practitioner has shown progress in building relationships with women who might be in need of perinatal services. Often the women are unaware of what is available, but there may be other concerns that pregnant women, and/or those with young children, have about entering treatment. These outreach efforts promote trust so that concerns can be voiced and answered. The committee was impressed by the goals articulated by the County and the County's continued dedication to reach mothers and children as evidenced by the creation of this position.

Status: The committee strongly supports the decision of hiring a staff person specifically with the role of outreach to potential perinatal clients. They recognize that use of perinatal dollars and the number of perinatal women connected to services increased significantly after this person was hired. The committee advocated that the position be increased from a .5 FTE to a full time one FTE position in the future. The committee will continue to review the progress of this outreach initiative and encourages the County's continuing effort to look for additional creative ways to use perinatal funding.

B. Affordable Care Act

Goal: Learn more about, and support the relationship between general healthcare and alcohol and drug treatment, to specifically include changes brought about by the Affordable Health Care Act (ACA).

Findings: Committee members received reports and presentations from County staff (ASOC, Probation, and HHS staff) and stakeholders (providers) related to the ACA and substance use treatment changes. Recommendations included: increased training to the providers on how the ACA impacted their clients, continued support to providers on navigating DHCS certification issues, and continued efforts to ease the application process to Medi-Cal for clients at locations in the community frequented by consumers (e.g., provider locations, in-custody).

Status: Placer County allowed several nonprofit organizations to enroll clients into Medi-Cal. The numbers of enrollees exceeded goals/expectations from making it more available to clients. One Substance Use Disorder provider is certified/licensed to provide expanded DMC services to the expanded population and four more are in the process of certification. Continue to support AOD providers in readying themselves to be able to serve clients when the waiver and legislation allows for expanded benefits.

C. Criminal Justice System

Goal: Continue to observe the criminal justice system with an emphasis on the effects of AB 109, with a focus on those persons with substance use issues currently incarcerated and those released from jail into the community.

Findings: The committee received reports from County staff related to the impacts of AB 109 on the criminal justice population and on treatment in general. The committee listened to a presentation from Brian Passenheim of Probation and Christopher Dunbaugh, an ASOC practitioner working with Probation, on services offered to the AB 109 population. The committee learned the prioritization of those requiring case management services (PCRS and Split Sentenced individuals), the assessments of pre-trial individuals needing treatment, and in-custody services. The committee recognized the confusion in various parts of the system about what services are available, funding for such services, and whether the services were effective. Strategies to better communicate this with criminal justice partners were explored.

Status: The committee has learned there are many excellent collaborations/services happening through the collaboration between HHS, Probation and the Sheriff's Department. Data to

support its effectiveness is limited; therefore, a continued commitment to increase this data would benefit the partners and ultimately those needing treatment services. The committee will continue to receive updates and provide feedback on this subject. The committee is aware that drug and alcohol addiction problems can be addressed through collaboration with the criminal justice system and that all parts of the system need clear communication and collaboration with each other. The committee will continue to advocate for increased ways of communicating with the criminal justice partners in a way that is understandable and impacts change through increased confidence building in treatment. The committee will continue to encourage collaboration between HHS, Probation, community partners, legal services, healthcare, etc.

D. FY 2014-2015 Goals

- Criminal Justice – split sentencing use; not being used as much.
 - Learn about criminal justice planning efforts. Hear from HHS, Courts, DA, PD, Probation, consumers, and provider staff on recommendations for improved criminal justice processes. Review criminal justice master plan and receive updates from the criminal justice planning committees. Make recommendations and advocate for needs of substance abusing criminal justice clients.
- Affordable Care Act (ACA) – continue to look at the impact of ACA on AOD.
 - Learn about how the ACA is impacting service delivery for substance abusing clients in Placer County. Receive input from County HHS, providers, consumers of services and other interested stakeholders on how planning and implementation efforts are going and how the changes are implementing service delivery. Make recommendations and advocate for needs of substance abusing residents enrolled, needing to enroll, or trying to navigate new and existing Drug Medi-Cal and health benefits.
- Continue heroin updates.
 - Become more informed on the use of heroin in Placer County. Rates of use, ways people are accessing heroin, prevention efforts, and treatment strategies. Make recommendations and advocate for prevention of heroin use and expanded treatment options for heroin abusing Placer County residents.
- Co-Occurring competency building.
 - Learn about common co-occurring issues with substance abusing individuals such as, mental health, eating disorders, physical disorders, etc. Become aware of services for those experiencing multiple issues. Advocate for services being collaborative and developing competencies in treating multiple co-occurring issues effectively.

Submitted by: Dan Wesp
AOD Chair FY 2013-2014

III. QUALITY IMPROVEMENT SUBCOMMITTEE REPORT

Following are the goals and activities of the Quality Improvement (QI) Subcommittee during the FY 2013-2014.

A. Perform Test Telephone Calls to Adult Intake Services and Family and Children's Services and Create Report

Goal: The QI Committee continued to perform test calls to study the "front door" intake performance and time delays.

Findings: Committee members, and employees of Mental Health America (MHA), made Adult Intake Services (AIS) and Family and Children's Services (FACS) test telephone calls from February to June, 2014 with the results collated into a report which was disseminated to both supervisory staff groups. The committee delegated some of these calls to MHA in part due to MHA having a Spanish speaking employee, and in part due to their position as advocates to the systems of care. There were a total of ten test calls, five of which were made to AIS with one call conducted in Spanish, and five which were made to FACS, all using the data collection tool. Calls to both Intake lines were generally very positive, with the persons calling reporting they felt supported, and that the callers were friendly and trying to be helpful. The Spanish speaking caller specifically said the Intake person was able to connect with the Spanish interpreter and stated "AIS staff did a wonderful job." The reports did indicate some specific areas for the system to address and improve, such as additional training for staff who do not answer the telephone lines frequently, specifically the Children's Emergency Shelter staff who answer the telephones for the FACS team during the overnight hours only, and updating resource manuals for all staff to ensure the latest telephone numbers and community resources and services are present for referrals.

Status: This goal was met.

B. Conduct Client Satisfaction Survey via Telephone in both English and Spanish

Goal: The QI Committee again delegated authority to complete this task while understanding this task is required through the QI Charter. This year the calls were conducted by support staff assisting the QI/QA unit.

Findings: The QI/QA unit conducted the Satisfaction Survey in June 2014. The English version of the survey was compiled based on 491 calls made with 122 respondents participating, which compares favorably with prior years with 120, 120, 131, 96, and 84 respondents respectively. Consistent with prior years, many more calls were made to individuals than surveys actually completed due to disconnected cell phone or telephone numbers, answering machines with no call back, persons declining to participate, etc. For the prior year, 520 calls were made and 250 calls were made for the year before that with similar numbers of participants. The respondents this year were 61% female and 39% male similar to the past two years with last year's respondents were 60% female and 40% male, and the prior year of 56% female and 44% male. There were many more adult respondents this year as compared to last year (82% vs. 59% adult and 18% vs. 41% child), and older adults made up a larger percent of the adult respondents this year (21%) as compared to last year (10%). Older adults were not tracked separately prior to last year. Consistent with prior year results, the majority of the respondents live in the South Placer County area (Roseville, Rocklin, and Lincoln) and Auburn, which also mirrors the geographic spread of clientele. Twenty respondents listed "other" for where they reside, and seven respondents were from Tahoe, which is an increase from last year when only one was completed, which is a positive result. The Spanish language version of the survey was also conducted in June by a Spanish speaking advocate employed by MHA. Twenty-seven calls were made with 18 respondents, which is consistent with the prior year in which 19 of 27 persons called responded. These past two years showed good increases from three years ago when only five responses were collected. This year's report included a variety of comments about services consistent with

last year. Also consistent with last year, of the 18 respondents, 10 were female and eight were male, whereas last year of the 19 who responded, 11 were female and eight were male. Almost twice as many adults (11) responded as those representing children (seven) consistent with the prior year's results of adults (12) and children (six). Ten respondents were from Roseville compared to eight last year, two were from Lincoln compared to three last year, three were from Auburn down from six last year, and only one respondent was from Tahoe compared to two last year. Of note, is that two were from other areas of the county.

The results of these surveys will be reviewed and discussed in the overall QI subcommittee meetings, the SOC QIC, and the manager meetings for dissemination to staff teams.

Status: This annual goal was met again this year.

C. Participate in External Quality Review Organization (EQRO), Department of Health Care Services (DHCS), and Department of Alcohol and Drug Programs (ADP) Site Reviews and as Indicated and Review Audit Reports

Goal: Participate in the EQRO as indicated and review any audit reports or feedback given on audits throughout the year.

Findings: In the prior year, the members of APS Healthcare Services conducted the EQRO annual site review through a teleconference process and a desk review, with MHADB members invited. This review occurred on March 13, 2013, and the committee reviewed the final report in August 2013, which was during this review period. Recommendations from the review included reviewing the telephone access process, monitoring unit of service during the Electronic Health Record (HER) implementation, reviewing the number of reports in the system, reducing manual claims, and identification of even more quantifiable targets in quality areas. The committee also reviewed the documents which were created for the review and sent in prior, including an Analysis of EPSDT Rates, and Approved Claims and Beneficiary Demographics.

On April 3 and 4, 2014, members of APS Healthcare Services conducted the current year EQRO annual site review focused on areas of access to services, timeliness, satisfaction with services, and quality of services. Two consumer and family member focus groups were conducted focused on adult consumers who were new to the system, and parents/caregivers of children/youth receiving dependency mental health services, also known as Katie A. (Katie A. v. Bonta is a federal class action lawsuit filed on behalf of California foster youth and children at risk of out-of-home placement. Katie A., or dependency mental health, includes a framework for state and county implementation including a shared management structure, core practice model, family and youth involvement, integrated service delivery model with shared responsibility between child welfare and mental health, all informed by data.) The Analysis of EPSDT Rates showed Medi-Cal penetration rates and approved rates per beneficiary compared to statewide averages, and compared to other similar sized counties in order to benchmark Placer County's percentages. The Approved Claims and Beneficiary Demographics showed Placer's approved Medi-Cal claims and penetration rate percentages compared to the state and other similar sized counties categorized by gender, ethnicity, type of service, and legal status.

Status: The final report and recommendations will be reviewed in August 2014. This is an ongoing activity.

Goal: Participate in the AOD Programs site reviews as indicated and review any audit reports or feedback given on audits throughout the year.

Findings: During FY 2013-2014, the County's Annual Substance Abuse Prevention and

Treatment (SAPT) review occurred through a “desk review.” Multiple programs receiving SAPT funds working collaboratively to accurately capture SAPT funded services and complete the monitoring tool. On February 28, 2014, Placer County submitted all required elements and supporting documentation to the DHCS. On June 16, 2014, the County submitted a request to DHCS inquiring about the status of the SAPT desk review and was informed the submitted materials would be reviewed in the near future. The County received a request for additional information on July 24, 2014.

During the past year, the County QI team has conducted a minimum of one site visit per each County operated and contracted Substance Use Disorder Services. During these site visits, the QA team also reviewed clinical documentation for adherence to regulations. The results of these site reviews are shared with the QI subcommittee.

Status: This annual goal was met.

D. Review Other Sources of Data on Service Provision, Outcomes, and System

Goal: Review and complete the Mental Health Boards and Commissions 2014 Data Notebook.

Findings: A Data Notebook was issued for California Mental Health Boards and Commissions from the California Mental Health Planning Council to review data and trends, and identify program strengths and needs in the local community. The Data Notebook is designed to help local mental health boards find and use public data to evaluate local mental health services. One goal of the document is to facilitate a discussion of local program strengths, local unmet needs, and areas for improvement. The completed Data Notebooks and this process will also help the California Mental Health Planning Council fulfill some of the federal and state mandates to report on the state’s mental health system.

Status: The 2014 Data Notebook was released to counties mid-May with a due date of July 31, 2014, so this goal is not yet due. It will carry over to the next fiscal year and plans are to discuss a number of the data points and discussion items at the MHADB’s annual retreat on July 18th.

Goal: Review of Performance Improvement Projects (PIP), specifically those associated with the EQRO as required by Centers for Medicaid and Medicare Services (CMS).

Findings: Each year, CMS federal regulations require Mental Health Plans to engage in formal PIPs. Two PIPs are required - one clinical and one administrative.

The Adult PIP for this year identified significant errors in the Electronic Health Record (EHR) and accessing Primary Care Physicians (PCP) information. Research suggests many adult mental health consumers are diagnosed with significant health diseases such as diabetes, coronary heart disease, cancer, and they pass away as early as 20 years sooner than that of the standard mortality rate. It was identified that there was a lack of critical physical health information consistently available in the EHR, and this lack created gaps in the treatment for both the physical and psychiatric health of the individual. The Adult PIP concentrated efforts to determine improved methods of electronically accounting for these identified health diseases, creating means to have readily available PCP medical information, and tracking the collaborative involvement with psychiatry. It was hoped that these efforts would result in a reduction of the mortality rate in adult consumers in Placer County.

The clinical PIP continued to focus on the implementation of the Child and Adolescent Needs and Services (CANS) tool, which is a validated tool used to support decision making, service planning, and level of care determination, and its comparison to Placer’s Outcomes Screen tool. Data was collected and analyzed regarding staff’s scoring of the Outcomes Screen both pre and post-training to see if this training would have an effect on the “ceiling effect” that

appeared to be taking place in which children's initial scores on the Outcomes Screen were believed to be artificially high. In addition, a comparison mapping of the CANS and the Outcomes Screen was completed, but was met with challenges, leading to a lack of complete mapping which made a comparison of the scoring of the two tools not possible. As a result, no concurrent validity testing of the two tools was possible. However, there was some significant learning during the process of this PIP. Additional items were added to the CANS tool regarding physical, sexual, and emotional abuse to improve agreement between this tool and Placer's Outcomes Screen. Since the Outcomes Screen training did show some positive results, it is hoped that continued training on the Outcomes Screen will lead to continued improved scoring and subsequent analysis of the measurement of client improvement in treatment.

Status: Both of the completed PIPs, the federal road map, and the method of review of the PIPs mentioned above were presented, reviewed, and discussed in depth with the QI Committee. This is a standing goal and will be continued.

Goal: Review Child Welfare Quality Improvement through the System Improvement Project (SIP).

Findings: The Child Welfare System conducts a County self-assessment every three or five years with the assistance of stakeholders, community partners, Child Abuse Prevention Council, family resource centers, and others. A component of the assessment is a Peer Quality Case Review to determine how child welfare cases are being managed. These are combined and lead to the Child Welfare and Probation System Improvement Plan (SIP) which was reviewed by the QI Subcommittee. The SIP will be in process for five years, and is focused on five change initiatives: placement stability for children in care more than 24 months, timely social work visits with child, placement of American Indian children, and least restrictive placement (probation). Each of these change initiatives also has sub-objectives and strategies, as well as timelines for achievement. Monthly meetings are held throughout the process with the same stakeholder groups and workgroups to monitor progress of the SIP.

Status: This area is on-going and will be updated each year.

Goal: Review proposed MHSA Prevention Early Intervention regulations governing how the state is intending to evaluate MHSA services.

Findings: Proposed MHSA Prevention and Early Intervention regulations governing how the state is intending to evaluate how the MHSA has impacted mental health consumers and the mental health system in general were reviewed. It is recognized that there are significant evaluation efforts underway throughout the state, which are often not coordinated, and are not standardized in any manner due to unique local programs and methodology for data collection. Because these efforts are not part of a cohesive, coordinated evaluation strategy, California continues to lack a comprehensive statewide picture of system performance and the effectiveness of services. California Mental Health Directors Association (CMHDA) has cautioned the Mental Health Services Oversight and Accountability Commission (MHSOAC) from creating very specific evaluation and reporting requirements in state regulations due to new data elements that counties may or may not be able to collect and measure, new evaluation requirements that counties may not be able to implement, and due to the fact that some elements may not even produce meaningful results.

Status: The first of these evaluation requests was received, rejected by counties, and then re-released in similar form four months later which counties, including Placer, have responded to. This evaluation will be reviewed with the QI Subcommittee in August and will be a continuing

evaluation goal.

Goal: Review proposed performance outcomes system for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) mental health services.

Findings: In 2012, the state enacted a process for the DHCS to develop a plan for a performance outcomes system for EPSDT mental health services to support the improvement of outcomes at the individual, program and system level and to inform fiscal decision-making related to the purchase of services. Welfare and Institutions Code, Section 14707.5 set forth requirements and timelines for this process, and a report to the California legislature was made on November 1, 2013 with methodology and deliverables outlined in a System Plan. This system plan is still being developed. Katie A proposed outcomes used to be a separate conversation but have become embedded within the Performance Outcomes System Implementation Plan and matrix which is proposed.

Status: The QI Subcommittee has reviewed this document and process and is continuing to follow the implementation of the system plan.

E. Enrich Collaboration with Other County Agencies and Community Partners

Goal: Enrich collaboration with other county agencies and community partners to increase ability to educate about issues of concern to Placer County.

Findings: This goal was identified late in the prior year and continued throughout this fiscal year cycle as part of ongoing efforts to work with, educate, and assist Placer County law enforcement partners and first responders. Late in the prior year, a request was made for Placer County to provide materials for officers in the field to be able to use and/or give out for residents to access mental health services. From the conversation, a binder of brochures and informational sources was created and members of the MHADB presented the binders to squad chiefs/captains for their usage and training of their offices. As more discussions ensued, it was determined that what was also really desired was a user friendly, small compilation of suicide prevention, crisis and urgent services resources. The QI Subcommittee worked with SOC staff members to create a credit card size, small folding resource designed to fit in an officer's wallet or pocket for easy carrying and dissemination. This trifold card was printed and distributed to law enforcement in Rocklin and Lincoln, Western Placer and Lincoln School Districts, Sutter Roseville and Sutter Auburn Faith hospital crisis staff, to a variety of organizations such as the Rotary Clubs, Lincoln Lighthouse, other partner agencies, churches, and other community providers for further distribution. To date, over 15,000 cards have been printed. The cards have now also been translated into Spanish and a 1st printing in Spanish is underway.

Status: This goal has been completed.

Other areas addressed: Although not a formal goal this year, timeliness standards and DHCS mandated metrics have emerged as a defining factor in quality improvement and compliance plans. DHCS is under a plan of correction to the federal CMS for performance of statewide mental health services. CMS has reviewed EQRO and triennial county review reports and determined that improvement is immediately required in five areas, including the following: the 24/7 access to services telephone lines with all language capabilities; treatment authorization request processing within 14 days; grievance and appeal logs processing with all required information; provider certification process being up to date and timely; and timeliness tracking in the areas of initial requests for services, services post hospitalization, and readmission rates. The QI Subcommittee reviewed data in most of these areas, including the self-assessment of timely access prepared for the EQRO review and made recommendations for further tracking.

Respectfully Submitted by:
Twylla Abrahamson, Ph.D
Assistant Director, CSOC

IV. CHILDREN'S COMMITTEE REPORT

Goals for FY 2014-2015

- A. The Intensive Trauma Focused Services** contract, recently awarded to Sacramento Children's Receiving Home, will begin operation this fall. This innovative service will serve children three to six years of age, who have been victimized by acute trauma. These intensive services will be provided under one roof, allowing for improved coordination of assessment and treatment. This model allows for four hours per day, five days per week interventions. The Incredible Years, a therapeutic preschool model, forms the basis of the program's clinical interventions, along with other specialized services, such as OT, speech, therapy with a trauma specialist. (see Executive Committee summary on history of development.)

The trauma program would not have been possible without the coordination of mission between First 5, CSOC staff, the Placer County MHADB and the CSOC committee. This innovative service speaks to the identification in a 2012 Substance Abuse and Mental Health Services Administration (SAMHSA) report detailing the need for trauma informed centers in counties, and is part of CSOC's long-term commitment to build a Trauma Informed System of Care.

During this next fiscal year, consistent and regular training of county staff, foster parents and providers will be initiated. The objectives are to create awareness of what trauma is and how to identify it through development of or use of assessment tools.

1. With coordination of the MHADB CSOC Committee and CSOC staff, training was secured in October from nationally recognized trauma expert Lisa Conradi, PhD. She will provide eight hours of trainings on "Creating Trauma Informed Communities: Essential Elements and Strategies." This training will be available to foster parents, providers, staff, probation and other community programs and partners.
2. CSOC recently requested and has support enhancements for foster parent training via its agreement with Sierra College, resulting in four hours of mandated training of foster families.

- B. Oversight and review of the Katie A. Statewide compliance will begin.** There are over 80,000 children in foster care in California. Studies show that the vast majority of these children experience some form of mental illness or maladaptive behaviors. The courts attempt to address this through the Katie A. settlement.

"Katie A. v. Bonita is a class action lawsuit filed in 2003 challenging the long standing practice of confining abused and neglected children with serious mental health issues in costly hospitals and large group homes instead of enabling them to stay in their homes and communities." (See the National Center for Youth and Law 2008.) In 2006, the court ordered the State to provide "wraparound services" and "therapeutic foster care" to those Medi-Cal eligible children in foster care. In 2011, the Federal court approved a landmark agreement between advocates and the state of California. Intensive home and community based mental health services for children in foster care or at risk of removal from their families.

Placer is in a unique position for complete implementation of these state required mental health/child welfare services care delivery mandates due to already being a "wraparound service provider" and having the state's only fully integrated System of Care. Because of its successful model, Placer's CSOC senior staff were the only county selected to sit on the state's mandated Katie A. system compliance team.

- C. Building Awareness and Connectivity for School based providers.** (See Joint CSOC and QI report.)

- D. Two Child Abuse Prevention & Early Intervention Roundtable meetings** were held. These were sponsored by Kids First and Placer County CSOC. Community leaders and partners were brought together to share new ideas, connect on bringing greater awareness of child abuse prevention and mobilize current and innovative resources to prevention. An action plan was developed. There will be continued participation in these quarterly meetings to give input.
- E. Increase capacity of Crisis Resolution Center (CRC) in Loomis.** The CRC is a residential, six bed facility with placement for teenagers ages 12-17 (30-day maximum stay, average stay two weeks). It provides solution focused intervention that resolves family crisis and works toward successful family reunification. Over the last three years, there has been a steady increase of youth who were turned away due to capacity. Several meetings were held with the CRC Director at Koinonia Family Services, CSOC Director, Probation leaders, a consumer representative and a CSOC Committee member to explore and brainstorm ways to increase capacity. It was determined that an increase of CRC capacity by two beds would not increase staffing costs. However, it would require the current facility to be remodeled. Currently, architectural plans are being drawn up.

This next fiscal year, funding pockets and licensing changes will be explored to determine if expansion is feasible.

Submitted by:
Sharon Behrens, Committee Chair

V. JOINT CHILDREN'S AND QUALITY IMPROVEMENT COMMITTEE REPORT

Goal: Initiate an assessment of school-based mental health services. For the past 25 years, AB 3632 (Section 26.5) authorized county departments of mental health to provide services to eligible students with mental health needs and required counties to have annual MOU agreements with schools to do so. During this period, Placer County's CSOC, and its network of providers, acted in partnership with Placer County Office of Education (PCOE) and local school districts to monitor student mental health and provide professional services for children identified with mental health needs. When AB 3632 was eliminated by Governor Brown and AB 114 was signed into law, responsibility for delivery of special education services, including Educationally Related Mental Health Services (ERMHS), transferred from county mental health agencies to school districts. At that time, both PCOE and senior HHS staff at Placer believed that continuing the long standing partnership in this area was not viable.

In FY 2013-2014 the MHADB Children's Committee (CC) and MHADB QI Committee jointly initiated an assessment of the status of post-AB 3632 school-based mental health services delivered by schools in Placer County. The MHADB's joint QI and CC goal, to assess the state of ERMHS under the school districts' newly expanded mandates, focused on acquiring a better understanding of AB 114 implementation, program models and organization, delivery policies and procedures, and treatment outcomes in Placer County. The assessment began in June 2013 and was carried out by members of both the CC and QI committees.

Findings: In response to this expanded authority, since July 1, 2011, school districts across the state developed and implemented a variety of school-based mental health programs. School-based mental health services or ERMHS are mandated by the *Individuals with Disabilities Education Act* (IDEA), a federal law governing how states and public agencies provide early intervention, special education, and related services to children with disabilities. IDEA 2004 clarifies the intended outcome for each child with a disability such that: *students must be provided a [Free Appropriate Public Education](#) (FAPE) that prepares them for further education, employment, and independent living*. Children with mental health needs fall under the protection of IDEA law. In Placer County, when AB 3632 was eliminated, our school districts (known as Local Educational Agencies (LEA), our PCOE, and our Special Education Local Planning Area (Placer SELPA) adopted the role once held by CSOC and its network providers in making mental health referrals, conducting mental health assessments, and providing mental health treatment to Placer County students. Currently, with the guidance of PCOE's SELPA, each LEA develops and implements a unique school-based mental health model.

Such newly created service models now exist throughout California and have attracted significant statewide interest, as evidenced by substantial media coverage and several state agencies tasked with various aspects of system oversight¹⁻⁴. Consistent with this interest, the QI and CC members found many local professionals excited to discuss their new ERMHS activities. Meetings occurred with the executive Director of Placer SELPA, the Director of PCOE Interagency Facilitation, the Director and Assistant Director of CSOC, numerous network providers, LEA administrators, and other stakeholders. Statistical information collected from a number of relevant databases also helped establish a more comprehensive picture. The following points summarize findings to date:

- Over 20% of school-age children suffer from mental illness.³ Mental health disabilities are among the most common conditions that impair a child's success in school.⁴
- Since transition to school district management of ERMHS, reductions in the number of students identified for mental health treatment and alternative placement exist in Placer County.⁴
- Since transition to school district management of ERMHS, an increase in the number and scope of non-ERMHS mental health services, funded by HHS/CSOC, have occurred (e.g., prevention and early intervention programs).
- The DHCS has established a workgroup to develop standardized mental health eligibility criteria, evaluation methods, and outcome measures for EPSDT-covered ERMHS; no standards exists for

LEAs, COEs, or SELPAs *not* utilizing county mental health ERMHS providers, as in the case of Placer County.⁵

- Mental health referral procedures, eligibility criteria, student data, evaluation methods, and outcome measures vary widely from district to district in Placer County.⁵
- Clinician qualifications, training, licensing, and supervision vary widely from district to district in Placer County.⁵
- Application of HIPAA and FERPA⁶ vary widely from district to district in Placer County (e.g., management of student/patient mental health treatment records, parental/guardian consent, confidentiality measures, record storage, etc.).
- Shared data sets ("Big Data") do not exist between Placer County educational agencies and other Placer County agencies (e.g., juvenile justice, children services, etc.).⁵⁻⁷ Lack of meaningful partnerships between school district officials and county mental health officials is implicated as a barrier to quality service.⁸

Status: This complex and new delivery model will naturally undergo an evolutionary process as it becomes fully operational; the need to train school staff, hire qualified personnel, and move toward evidenced-supported programs are among the many challenges in AB 114 implementation. Due to the comprehensive nature of ERMHS, this MHADB joint committee goal will continue into the 2014-2015 fiscal year. Specifically, preliminary findings raise a number of questions in need of greater assessment:

- Why are eligibility numbers dropping for students with mental health needs and what services are provided for students found ineligible for ERMHS?
 1. How are Placer County school districts interpreting the IDEA eligibility criteria?
 2. Are Placer County schools using and describing to parents, the specific criteria for which the student may be found eligible for services or discharged from services?
 3. What are the criteria?
 4. Is the clinician qualified to diagnose mental illness or conduct mental health evaluations?
 5. What services are provided for students found *ineligible* for ERMHS?
 6. How do the child and family obtain such services?

As the CDE data indicates, significant variation in the percentage of children found eligible for ERMHS across the state, from district to district, exists, and, alarmingly, the number of children found eligible for services, in Placer and other Counties, has reduced since the expansion of educational agency authority. Standards for data collection, outcome, and accountability systems are essential to ensuring that each child receives appropriate and timely services delivered by qualified mental health professionals.

- Are professional standards maintained in the delivery of ERMHS (e.g., qualified clinicians, appropriate treatment documentation and confidentiality, outcome measurement and quality assurance)?
 1. How are Placer County school districts managing student mental health treatment records?
 2. Are clinicians documenting assessment procedures and findings, services provided and progress, and are records maintained in a confidential manner consistent with HIPAA and FERPA?
 3. What authority is cited in determining the manner in which student treatment records are handled?
 4. Are there compliance checks to ensure records are maintained according to district protocol?
 5. How are appropriate clinician qualifications ensured?
 6. What credentials and or licenses are required to perform mental health assessments and treatment of students with mental illness?
 7. How are clinicians supervised for those areas in which qualifications are lacking? What training is provided?
 8. How are providers supported in clinical case consultation and personal stress management?
 9. How are caseloads determined and balanced?

10. What are typical caseloads?

Professional best practices guide these essential elements of ethical practice.¹⁰

- Why is inter-agency collaboration limited and how can collaboration be improved? For example, truancy is a leading indicator of school failure and correlated with criminality, student and/or caregiver substance abuse, and mental illness.⁹ While cutting edge collaboration still exists between CSOC and some PCOE entities, mandated mental health services delivered by local schools are complex and also require collaborative multidisciplinary teams of mental health professionals, educators, parents, and students for success.⁸
 1. What methods are used to promote inter-agency collaboration?
 2. How can interagency collaboration be improved?

Answers to these questions will provide meaningful data in which to construct a more complete picture of the strengths and challenges in ERMHS programs offered to Placer County children in need.

Submitted by: Sharon Behrens
Chair, CSOC Committee
Theresa Thickens, Board Member

-
1. Sacramento Bee – ***Mental health*** hospitalizations spike for California's youngest (2/2/2014); *Families of mentally ill children struggle for access to residential treatment* (8/24/2014)
 2. CalMHSA K12 Policy Workgroup
 3. National Association for Mental Illness
 4. California Department of Education - Torlekson, T., State Superintendent of Public Instruction, Letter to District Superintendents (9/11/2014); CDE DataQuest database;
 5. Placer County SELPA
 6. HIPAA/FERPA
 7. Placer County CSOC
 8. Association of California School Administrators (Sept/Oct 2014)
 9. Kids data.org
 10. American Psychological Association

VI. ADULT SERVICES COMMITTEE REPORT

The Adult Services Committee (ASC) entered its second year (established August 2012) with a mission of focusing on the issues affecting adults in Placer County with serious and persistent mental illnesses. Our committee structure includes both MHADB Board members and members of the community (all are family members). In addition the Consumer Liaison, Will Taylor, from Mental Health America, attends and keeps us aware of activities on the consumer front. Also, ASOC Program Director - Curtis Budge was assigned to our committee in fall 2013 providing us with a reliable resource.

A. Our projects for 2013-2014 were:

1. Review the Implementation of Assisted Outpatient Treatment:

Goal: In FY 2012-2013, the Board followed the recommendation of the ASC against the implementation of AOT because, 1) there was a lack of data showing that there were persons in need of it; 2) there were concerns about the efficacy of a process that uses coercion as its motivating factor; and 3) it was determined that increased outreach efforts could bring more persons to treatment in a more respectful and effective manner. In the face of several tragic news stories in California and nationally, public interest in AOT and among the Board of Supervisors continued to grow. The ASC decided to take a second look at whether an AOT program would be of benefit to our county.

Findings: To the credit of Placer County's ASOC, the committee found that the two county-run outreach programs were having an impact on their intended populations: Homeless persons with serious and persistent mental illnesses, and those with co-occurring disorders (mental illness plus substance abuse). We heard from staff that a respectful, yet persistent effort to meet potential clients "where they are at" (e.g., go to parks, shelters, or homes as applicable) was yielding results towards getting hard-to-engage persons into services. We were also encouraged that the ASOC applied for and received a grant to establish a Mobile Crisis Team. These teams are in operation across the country and, while there are certainly differences in how they operate, the common result is that when mental health professionals team with law enforcement there is often a de-escalation of the crisis, and a better start is made towards engaging the person in follow-up treatment. All of this establishes a program philosophy designed to engage persons in a respectful and non-coercive manner. This satisfied our committee's desire to ensure that a full range of services, and methods of accessing services, were available so as to possibly prevent the need for more serious interventions (including AOT).

In spring 2014, a couple of our committee members joined with a contingent of Placer County HHS staffers and judges from the Placer courts and attended a very thorough presentation put on by the Nevada County HHS department for our and other counties considering implementation of AOT. There was a very open and detailed exchange of questions and answers and most concerns were put to rest. In our final analysis, the Board determined that Placer ASOC, in partnership with Placer courts, had all the pieces in place to be able to implement an AOT program in, 1) a manner that would provide for the respectful treatment of persons who were deemed in need of this extensive approach; and, 2) do so in a format that is cognizant of the due process rights of each person.

Status: Due to a lack of a quorum at the July 2014 annual retreat, the Board was unable to make a motion regarding the implementation of AOT. The Executive Committee, at its following meeting, made a motion on behalf of the Board and voted 3-0 in support of AOT. (The BOS voted 5-0 to implement AOT at its August 2014 meeting.)

2. Completion of Outreach and Engagement Survey

Goal: Complete a survey of outreach and engagement (O/E) services among all providers (ASOC as well as community groups such as churches) that are designed to encourage the population of persons with serious and persistent mental illness (including those with secondary substance abuse issues) to partake of services, particularly reaching out to those who have been resistant/hard-to-engage (also referred to as non-compliant). Assess the impact these efforts are having.

Findings: Some persons with serious mental illnesses may be undiagnosed and without resources to access services, or may be unwilling to access services, despite showing a range of behaviors associated with mental illness. Persons without treatment are often at risk of deterioration of their mental and physical status, typically leading to arrest for crimes, or a 5150 crisis hospitalization. This is a frustrating situation and its abatement is the motivation behind discussions of AOT. One of the ideas in treatment, however, is that one's reluctance to enter treatment should not serve as a barrier to treatment. Therefore, O/E services are important to meet potential clients where they are at.

Understanding this, the ASC started a survey in FY 2012-2013 of the O/E efforts in our County, both as services of the ASOC and other non-profit providers in the community. The survey was finished in early fall 2013 and we then began to gather data on the progress of the efforts. We found and learned about at three distinct outreach efforts focusing on: 1) persons with co-occurring disorders (mental illness diagnosis plus substance abuse); 2) homeless persons with mental illness; and 3) persons either not yet in the system of care, or who were unwilling to engage in services but who are living on own or with family. For the first two groups, county staff developed an extensive program to go to those places where potential clients might be (e.g., homeless shelters, food kitchens, parks). By revisiting persons on more than one occasion, trust is built and staff was successful in getting numerous people into services. Kathie Denton, ASOC program manager, came to our ASC to tell us about the homeless outreach. Steven Swink, program supervisor of the Co-occurring O/E effort came to the AOD to speak. Two of the ASC members are also on the AOD committee and they shared the report's highlights with the ASC. The outreach to the third group, however, fell to the staff at Turning Point, the County's partner in providing Full Service Partnerships to persons with serious and chronic mental illness diagnoses. This is a top frustration for families and friends - how to get help for someone who doesn't see the need for services, especially when the person is becoming more and more symptomatic. Committee members spoke with staff at Turning Point but the indications were that, while outreach originating with a call from a family member/friend was part of their services, such requests were infrequent. The committee looked but could not find any public notice that family/friends could find to inform them that they could make a call on behalf of someone they were concerned about.

The survey also showed that some community providers such as What Would Jesus Do, and the Seventh Day Adventist Church in Auburn, had activities that served more to bring clothes and food to people than to direct them to treatment for their disorders.

Status: The ASC is supportive of the quality job the ASOC is doing in building a record of success in reaching hard-to-engage clients who have co-occurring disorders or who may be homeless. Near the close of FY 2013-2014, the ASOC was reviewing a protocol to bring clarity to the process that family members and friends can use to ask for help for a third party. This would also include a plan to inform the public of this process.

3. Research O/E programs in other Californian counties or those of other states.

Goal: Explore programs in other areas that can provide models of additional or alternative methods of providing O/E services.

Findings: Amongst the materials we read during our research period on AOT were examples of ways to reach non-engaged persons in creative ways. ASOC had already made a commitment to expansion of their O/E services as noted above, but an additional level of that type service was going out to persons in need during a crisis. The critical factor was to have trained mental health practitioners responding to those calls along with police officers. Exploring such options was already on the drawing board for ASOC. In January 2014, staff applied for a Crisis Triage Grant to implement a pilot Mobile Crisis Team (awarded by MHSOAC. In late spring, ASOC was notified that they would receive one of the grants totaling approximately \$2.5 million over a 3.5 year span.

Status: We have asked the Mental Health Director to provide general updates to the full Board on the progress of the Crisis Triage Grant as we think it is a vital component to the array of ASOC services. Mental health practitioners have been hired, as well as peer support workers. We have requested that there be a public announcement of the program when it is fully operational.

4. Review experiences of persons with mental health needs in criminal justice system.

Goal: Review the process and services that are available to persons with mental health and/or co-occurring disorders who are charged and/or convicted of a crime in our County.

Findings: Many persons with untreated mental illnesses typically first get into a system of care when they deteriorate to a point that they commit a crime. Whether the crime is a misdemeanor or a felony, an arrest can complicate the life of a person with a mental illness. Fortunately, Placer County has long had a Mental Health Court and this has provided a more effective means of attending to a person's mental health problems and decreasing the need for incarceration or hospitalization. This topic has been looked at by the full Board in general for the past few years but the ASC wanted to see how or if the implementation of AB 109 (Realignment) was affecting those with mental health issues. We had Laurie Rubel of the ASOC's Conditional Release Program (CONREP) speak to us about the "CONREP" program and the procedures behind Mental Health Court. We were impressed with how well this program meets the needs of defendants with mental health issues by diverting them from jail time into treatment. A point she made is that defendants sometimes do not want to participate. We wanted to take a look then at those persons who chose instead to do their jail times as a part of the general jail population. We wanted to know if any of the AB 109 prevention measures were affecting them.

Status: We did not complete this task as we were diverted onto other more time sensitive tasks. It is back on our goals list for FY 2014-2015.

B. GOALS FOR FY 2014-2015:

1. Continue to follow the progress of the ASOC's O/E programs and review data as it becomes available on numbers engaged. Review data for those who will not engage with a focus towards identifying what factors can encourage the best outcomes. In addition, for those in services, look at data that shows their client satisfaction and for what reasons do they move out of services.
2. Monitor progress of the implementation of AOT in Placer County as well as keeping informed of the progress and outcomes in other counties.
3. Review the experiences of those persons with a mental illness in our local criminal justice system. Gather data on numbers using mental health court. Look into what influences AB 109 (realignment) has had (if any) on addressing the needs of persons with mental illness.

4. Start to gather information about the role of churches as regards “serving” those with mental health needs in the community. When reviewing our O/E survey, we noted that some religious groups provide an array of services which, while not outreach for providing treatment, still attempt to establish relationships. One of our ASC members is looking into this and we will follow those conversations.

Submitted by: Janet O'Meara, Chair
Adult Services Committee

VII. BOARD TRAININGS

The activities for the MHADB during the FY 2013-2014 included having full agendas at Board meetings that were designed to facilitate ongoing missions and goals of the Board. The Board, as a standing agenda item policy, engages in continuing education at each Board meeting. It is intended to inform and increase the knowledge of members in the area of specific needs of the community in regards to mental health issues and those related to AOD addictions. This is accomplished primarily by having guest experts at each Board meeting and at some committee meetings. Once each year, the MHADB holds a retreat at which time we discuss the accomplishments for the year and those challenges we face as a Board. We also discuss the committees' goals and the Board's goal for the upcoming year.

Trainings and Guest Speaker

- ◇ July Retreat Guest Speakers:
 - Sarah Brichler, Program Manager, California Mental Health Services Authority and
 - Liseanne Wick, Program Manager, Suicide Prevention and Crisis Services, WellSpace Health -- Overview of Mental Health Services Act Funded Statewide Prevention and Early Intervention Projects
 - Bekki Riggan, Principal Management Analyst, Placer County Executive Office – Criminal Justice System: Master Plan Project
 - Cheryl Davis, Program Director, Human Services – Health Care Reform
- ◇ Jainell Gaitan, Program Supervisor, ASOC – AMI Housing
- ◇ Kara Sutter, Health Educator, CSOC – Prevention Quarterly Update
- ◇ Deb Martin, Director of Forensic Programs, Professional Educational Services – PES: In-custody Program
- ◇ Maureen Bauman, Program Director, ASOC – AB 109: Criminal Justice Realignment
- ◇ Rebecca Mellot, Program Director, HHS Administration – Realignment Overview 1991 – 2011 AND AB 85
- ◇ Shari Crow, Health Educator, CSOC – Prevention Quarterly Update
- ◇ Cheryl Trenwith, Program Manager, ASOC – Bolder Adult Services: Best Practices
- ◇ Richard Knecht, Program Director, CSOC – Data Collection / SMART
- ◇ Maureen Bauman, Program Manager, ASOC and Jennifer Cook, Program Supervisor – Mental Health Services Act (MHSA) Campaign for Community Wellness: MHSA Priorities for FY 2014-17 and Update on Planning Process
- ◇ River Coyote, Health Educator, CSOC - Prevention Quarterly Update
- ◇ Michael Lombardo, Director of Interagency Facilitation, Placer County Office of Education – MHSA Prevention Activities: Placer County Programs Coordinated through MHSA
- ◇ Jeff Brown, Director, Health and Human Services (HHS) – Introduction and Review of the HHS Organization, Placer Model of Integrated Services, Department Successes and Major Challenges
- ◇ Jainell Gaitan, Program Supervisor, ASOC – Crisis Intervention Training (CIT): Overview and Summary
- ◇ Jeff Brown, Director, HHS – Laura's Law (aka AOT)

VIII. MISSION STATEMENT

The mission of the Placer County Mental Health, Alcohol and Drug Board (MHADB) shall be to promote citizen and consumer participation in planning, providing and evaluating mental health system of care; assist in establishing measurable client and system outcomes; review and make recommendations to the annual performance contract; and advise the Board of Supervisors on issues relevant to the provision of mental health services to priority populations.

IX. PRINCIPLES

The Placer County Mental Health, Alcohol and Drug Board shall be guided by the following principles:

- Ensure that services and programs are provided (within the family and culture) utilizing a client-centered approach.
- Prioritize resources for those most in need of services,
- Mental Health Services shall be community based and coordinated with children, adult, and older adult service systems (e.g., schools, social services, health, juvenile justice, law enforcement, etc.).
- Mental Health Services shall be provided in the least restrictive, clinically appropriate environment.
- Foster public/private partnerships and collaboration to improve services and program availability.
- Enhance quality and cost effectiveness of services by establishing measures of performance outcome that focus on the individual receiving services and system of care delivering the service.
- Provide Mental Health leadership in education, prevention, early identification, and advocacy with community and consumer participation.

The Placer County Mental Health, Alcohol and Drug Board (MHADB) is submitting the Annual Report for FY 2012-2013 to the Board of Supervisors as required by the Welfare and Institutions Code (5604.2). This report summarizes the activities, findings and recommendations of the MHADB in reviewing Health and Human Services Systems of Care activities during FY 2012-2013.

X. RESPONSIBILITIES OF THE PLACER COUNTY MENTAL HEALTH, ALCOHOL AND DRUG BOARD

The foremost role of the MHADB is to review and evaluate the community's mental health needs, services, facilities, and special problems. To accomplish this task, the Board conducts their monthly meeting in various locations within the county in order to both review programs, receive staff reports and to solicit community input. In 2012-2013 the MHADB met in Roseville and Auburn. The regular monthly meeting of the Board is usually held in Auburn. In addition, the Board holds a yearly retreat in order to review the last year's work and develop plans for the coming year.

The MHADB responsibilities are defined in the Welfare and Institutions Code Section 5604.2 as follows: 5604.2 (a) The local mental health board shall do all of the following:

- (1) Review and evaluate the community's mental health needs, services, facilities, and special problems.
- (2) Review any county agreements entered into pursuant to Section 5650.

- (3) Advise the governing body and the local mental health director as to any aspect of the local mental health program.
 - (4) Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
 - (5) Submit an annual report to the governing body on the needs and performance of the county's mental health system.
 - (6) Review and make recommendations on applicants for the appointment of a local director of mental health services. The board shall be included in the selection process prior to the vote of the governing body.
 - (7) Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council.
 - (8) Nothing in this part shall be construed to limit the ability of the governing body to transfer additional duties or authority to a mental health board.
- (b) It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the board shall assess the impact of the realignment of services from the state to the county, on services delivered to the clients and on the local community. (Amended by Statute 1993, Ch. 564. Sec. 3. Effective January 1, 1994.)